

00005.001205.PC

INTERNATIONAL APPLICATION

IN THE RECEIVING OFFICE OF
THE UNITED STATES PATENT AND TRADEMARK OFFICE (RO/US)

Applicant:)	
	:	
KYOWA HAKKO KOGYO CO, LTD.)	
	:	
International Application No.)	Authorized Officer:
PCT/US03/26644	:	A.S. Oberhauser
)	
International Filing Date: 27 August 2003	:	
)	
Priority Date: 30 August 2002	:	
)	
Title: METHODS OF TREATING	:	
PATIENTS SUFFERING FROM)	
RESTLESS LEGS SYNDROME	:	
OR RELATED DISORDERS)	April 13, 2004

European Patent Office
D-80298 Munich
Germany
Attention: A.S. Oberhauser

RESPONSE TO INVITATION TO
CORRECT DEFECTS IN THE DEMAND

Sir:

In response to the Invitation to Correct Defects in Demand mailed 5


April 2004, Applicant submits herewith a corrected PCT Demand (Form

PCT/IPEA/401) which contains all applicants/inventors for the above-identified PCT application.

10/523603
DT01 Rec'd PCT/PTC 04 FEB 2005

Applicants' undersigned agent may be reached in our New York office
by telephone at (212) 218-2100. All correspondence should continue to be directed to
our below listed address.

Respectfully submitted,


Agent for Applicants
Lawrence S. Perry
Registration No. 31,865

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

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NY_MAIN 421016v1

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/EP _____

PCT

DEMAND

CHAPTER II

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

For International Preliminary Examining Authority use only

Identification of IPEA	Date of receipt of DEMAND
------------------------	---------------------------

Box No. I	IDENTIFICATION OF THE INTERNATIONAL APPLICATION	Applicant's or agent's file reference 00005.1205PC.
International application No.	International filing date (day/month/year)	(Earliest) Priority date (day/month/year)
PCT/US03/26644	27 AUGUST 2003 (27/08/03)	30 AUGUST 2002 (30/08/02)

Title of invention

METHODS OF TREATING PATIENTS SUFFERING FROM RESTLESS LEGS SYNDROME OR RELATED DISORDERS

Box No. II	APPLICANT(S)
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	Telephone No. (81)3-3282-0036
KYOWA HAKKO KOGYO CO. LTD. 1-6-1 Ohtemachi Chiyoda-ku, Tokyo 100-8185 JAPAN	Facsimile No. (81)3-3282-1527
	Teleprinter No.
	Applicant's registration No. with the Office

State (that is, country) of nationality:	State (that is, country) of residence:
--	--

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)
KASE, Hiroshi 3-35-18 Maehara-cho Koganei-shi Tokyo 184-0013 JAPAN

State (that is, country) of nationality: JP	State (that is, country) of residence: JP
--	--

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)
SENO, Naoki 4-13-6 Mizukino Moriya-shi Ibaraki, 302-0121 JAPAN

State (that is, country) of nationality: JP	State (that is, country) of residence: JP
--	--

<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.

Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet is not to be included in the demand.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

MORI, Akihisa
2-9-50
Saginuma
Narashino-shi
Chiba 275-0014
JAPAN

State (that is, country) of nationality:
JP

State (that is, country) of residence:
JP

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

ZHAO, Dayao
13 Money Point Road
Mystic, CT 06355
US

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is, country) of nationality:

State (that is, country) of residence:

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is, country) of nationality:

State (that is, country) of residence:

☐ Further applicants are indicated on another continuation sheet.

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCEThe following person is ☒ agent ☐ common representativeand ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.Name and address: *(Family name followed by given name; for a legal entity, full official designation.
The address must include postal code and name of country.)*PERRY, Lawrence S.
Fitzpatrick, Cella, Harper & Scinto
30 Rockefeller Plaza
New York, New York 10112-3801
US

Telephone No. (212) 218-2100

Facsimile No. (212) 218-2200

Teleprinter No.

Agent's registration No. with the Office
31,865☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.**Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION****Statement concerning amendments:***

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filedthe description ☐ as originally filed☐ as amended under Article 34the claims ☐ as originally filed☐ as amended under Article 19 (together with any accompanying statement)☐ as amended under Article 34the drawings ☐ as originally filed☐ as amended under Article 342. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of the applicable time limit under Rule 69.1(d).4. ☐ The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 54bis.1(a).

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: ENGLISH

☒ which is the language in which the international application was filed.☐ which is the language of a translation furnished for the purposes of international search.☐ which is the language of publication of the international application.☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.**Box No. V ELECTION OF STATES**

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | | |
|---|---|--------|
| 1. translation of international application | : | sheets |
| 2. amendments under Article 34 | : | sheets |
| 3. copy (or, where required, translation) of amendment under Article 19 | : | sheets |
| 4. copy (or, where required, translation) of statement under Article 19 | : | sheets |
| 5. letter | : | sheets |
| 6. other (<i>specify</i>) | : | sheets |

For International Preliminary
Examining Authority use only

received

not received

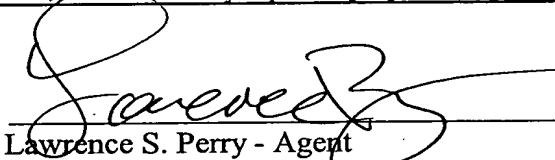
☐☐☐☐☐☐☐☐☐☐☐☐

The demand is also accompanied by the item(s) marked below:

- | | |
|--|--|
| 1. <input type="checkbox"/> fee calculation sheet | 5. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> original separate power of attorney | 6. <input type="checkbox"/> sequence listing in computer readable form |
| 3. <input type="checkbox"/> original general power of attorney | 7. <input type="checkbox"/> tables in computer readable form related to a sequence listing |
| 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 8. <input type="checkbox"/> other (<i>specify</i>): |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such a capacity is not obvious from reading the demand).


Lawrence S. Perry - Agent

April 13, 2004
Date

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.

☐ The applicant has been informed accordingly.

4. ☐ The date of receipt of the demand is WITHIN the time limit of 19 months from the priority date as extended by virtue of Rule 80.5

5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

6. ☐ The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8 below, does not apply.

7. ☐ The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5.

8. ☐ Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82.

For International Bureau Use Only

Demand received from IPEA on:

FEE CALCULATION SHEET

Annex to the Demand

International application No. PCT/US03/26644 Applicant's or agent's file reference 00005.1205PC.	For International Preliminary Examining Authority use only Date stamp of the IPEA
Applicant KYOWA HAKKO KOGYO CO. LTD.	
CALCULATION OF PRESCRIBED FEES	
1. Preliminary examination fee 1530.00 EUR P	
2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>) 159.00 EUR H	
3. Total of prescribed fees. Add the amounts entered at P and H and enter total in the TOTAL box 1689.00 EUR <div style="text-align: right; margin-top: -10px;">TOTAL</div>	
MODE OF PAYMENT	
<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash
<input checked="" type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (<i>specify</i>):
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT <i>(This mode of payment may not be available at all IPEAs)</i>	
<input type="checkbox"/> Authorization to charge the total fees indicated above.	IPEA/ _____ Deposit Account No.: _____ Date: _____ Name: _____ Signature: _____
<input type="checkbox"/> <i>(This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.</i>	

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/EP _____

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International application No. PCT/US03/26644	International filing date (day/month/year) 27 AUGUST 2003 (27/08/03)	(Earliest) Priority date (day/month/year) 30 AUGUST 2002 (30/08/02)	
Title of invention METHODS OF TREATING PATIENTS SUFFERING FROM RESTLESS LEGS SYNDROME OR RELATED DISORDERS			
Box No. II APPLICANT(S)			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) KYOWA HAKKO KOGYO CO. LTD. 1-6-1 Ohtemachi Chiyoda-ku, Tokyo 100-8185 JAPAN		Telephone No. (81)3-3282-0036	
		Facsimile No. (81)3-3282-1527	
		Teleprinter No.	
		Applicant's registration No. with the Office	
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| 5. letter | : | sheets |
| 6. other (<i>specify</i>) | : | sheets |

For International Preliminary
Examining Authority use only

received not received

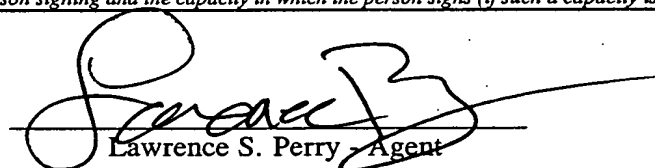
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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| 2. <input type="checkbox"/> original separate power of attorney | 6. <input type="checkbox"/> sequence listing in computer readable form |
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